

**DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION
ARKANSAS CHILD CARE APPROVAL SYSTEM
ACCREDITATION APPLICATION**

FACILITY TYPE: _____ Center _____ Home New Application: _____ Renewal Application: _____

FACILITY INFORMATION				
Facility Name		License Number		
Site Address	City	State	ZIP Code	County
Mailing Address (if different from above)	City	State	ZIP Code	
Phone	Fax	E-mail Address		
Hours of Operation:		Director's Name:		
Dates of Operation (For programs that are not open year round): Open: Closed:				

OWNER INFORMATION				
Owner's Name:				
Mailing Address	City	State	ZIP Code	County
Phone:	Fax:	E-mail Address:		

Quality Initiative Participant?	National Accreditation?
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Funding Source: <input type="checkbox"/> None <input type="checkbox"/> ABC <input type="checkbox"/> Vouchers <input type="checkbox"/> Even Start <input type="checkbox"/> Head Start		
Number of Children Served: Infant/Toddler (0 to 21/2) _____ Preschool (21/2 to 5) _____ School age (5 to 12) _____ Total Children _____	Number of Classrooms: Infant/Toddler _____ Preschool _____ School age _____ Total Classrooms _____	Number of Staff: Full Time _____ Part-Time _____

I hereby voluntarily apply for assessment under the Arkansas Child Care Approval System. I understand an on-site visit will be made and my licensing history will be reviewed. All information contained in this application is true and correct to the best of my knowledge.	
Director's Signature	Date

OFFICIAL USE ONLY:	
LICENSING COMPLIANCE VIEWED:	DATE KEYED:

To qualify for Approval Accreditation, please submit the following information. All forms listed are provided in your application package. You may reproduce any/all forms as needed or put in a computer as long as all information is included. Please refer to the Rules and Regulations to provide additional information.

1. Schematic diagrams (drawings) of your classroom(s) and outdoor play area(s). These diagrams should include placement of learning centers and identify where equipment is located.
2. List information on your staff and their levels of training (Staff Qualifications - Form #1) Under the section "Child Care Orientation Training (CCOT)" it is referring specifically to the training titled Child Care Orientation Training or CCOT, required for new employees with little or no training or education in the area of child care. You must also provide a copy of their certificate showing they have completed the course.
3. List information on your staffing patterns. (Staffing Patterns - Form #2)
4. Goals and Objectives for your program (Goals & Objectives - Form #3)
5. Daily schedule for each age group. (Daily Schedule - Form #4)
6. Curriculum plan for each age group. (Curriculum Plan - Form #5)
7. Staff development training/record for each staff member. (Training Record - Form #6)
8. Individual staff training plans for each staff member. (Individual Staff Training Plans - Form #7)
9. List parent involvement activities that are scheduled for your program this year. (Parent Involvement Activities - Form #8)
10. List community involvement activities and/or community volunteers who assist in making your program a quality program. (Community Involvement Activities - Form #9)
11. Immunization form for all children in your program (excluding school-age children). (Immunization Control Form – Form #10)
12. Attach a copy of your parent handbook.

Please keep a copy for your own record and return all of the above items listed. Multiple programs please send one complete application for each site applying for the Quality Approval certification. However, you may send one parent handbook if it is the same for all sites to:

Division of Child Care and Early Childhood Education
Attention: Quality Approval
P.O. Box 1437, Slot S160
Little Rock, AR 72203-1437
Phone: (501) 682-9699 or (800) 445-3316

STAFF QUALIFICATIONS

List each staff member working with the children and the Director of the program completing all areas that apply.

Staff Member Name					
Current position in your program					
Years of experience					
Hire Date					
Education Completed:					
• High School/GED					
• Some College					
• College Degree					
• Graduate Hours/Degree (Specify)					
• CDA Credential					
• Certificate/Credential Vocational Education					
• AR State Teacher Certification					
• Child Care Orientation Course (Attach Certificate)					
List other credentials or educational experience					

STAFFING PATTERNS

Age To Age		Staff/Child Ratio	
Infant	--	Infant	--
Toddlers	--	Toddlers	--
Preschool	--	Preschool	--
School Age	--	School Age	--

Identify staffing patterns by staff member & hours worked. Complete one box for each classroom.

Classroom/Name of Group:	Age Range	Total Children Enrolled
	To	
Staffing Pattern (List each staff member who works with this age group and the hours in which they will work.)		
Classroom/Name of Group:	Age Range	Total Children Enrolled
	to	
Staffing Pattern (List each staff member who works with this age group and the hours in which they will work.)		
Classroom/Name of Group:	Age Range	Total Children Enrolled
	to	
Staffing Pattern (List each staff member who works with this age group and the hours in which they will work.)		
Classroom/Name of Group:	Age Range	Total Children Enrolled
	to	
Staffing Pattern (List each staff member who works with this age group and the hours in which they will work.)		

GOALS & OBJECTIVES

a. Briefly describe your program goals and objectives.

b. Describe how your daily schedule promotes developmentally appropriate activities for young children.

DAILY SCHEDULE

Describe the schedule for each age group.

[illegible]

CURRICULUM PLAN

Please give an outline of your curriculum plan for the year.

AGE GROUP:	
Month/Week:	Thematic Unit:

TRAINING RECORD

A minimum of 15 hours is required annually for all persons working directly with children.

Staff Name	Title of Training	Date	Clock Hours	Presenter
1.	1			
	2			
	3			
	4			
	5			
2.	1			
	2			
	3			
	4			
	5			
3.	1			
	2			
	3			
	4			
	5			
4	1			
	2			
	3			
	4			
	5			
5	1			
	2			
	3			
	4			
	5			

INDIVIDUAL STAFF TRAINING PLANS

List specific training needs of individual staff members for the year.

Staff Member Name	Identified Areas for Training

PARENT INVOLVEMENT ACTIVITIES

List all parent involvement activities that you have planned for the year.

ACTIVITY	PROPOSED DATE

COMMUNITY INVOLVEMENT ACTIVITIES

List all community involvement activities (including volunteers coming into your program and any field trips to community agencies/sites) that you have planned for the year.

ACTIVITY	PROPOSED DATE

Place Month, Date, Year in Each Box

[illegible]

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